

If you have tried, used or ingested any of the drugs listed in section I or if you have tried or used any other without a doctor's prescription, Explain in detail below. If more space is needed, use the back of this form. **You must include dates and number of times used.**

II. THEFT OR MISAPPROPRIATION OF PROPERTY

Yes / No

() () Any theft while serving in a position of trust.

III. ACTS CONSITUTING A FELONY

Yes / No

() () A. The conviction of any act which would constitute a felony regardless of the time element.

Yes / No

() () B. The conviction of any act of domestic violence.

IV. DRIVING RECORD

Yes / No Any traffic violation (ie. D.U.I., reckless driving, speeding, leaving the scene of an accident) within the past
() () 3 years.

V. FINANCIAL

Yes / No A. Have you ever been served with a garnishment regarding any of your financial obligations within the last
() () five years?

Yes / No B. If a credit check is run on your past history, will any negative information be revealed?
() ()

If you have answered yes to any questions in sections II, III, IV and V explain in detail below. If more space is needed use the back of this form.

I certify that all statements in this application are true and agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to employment with the Counterdrug Division.

Signature: _____

Date: _____

Witness Signature: _____

Printed Witness Name _____